U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



#### READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-100000	2. Fiscal Year Covered From:			
1. File Number U-10028	1   /   1   /   2004   Through:			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Robert A Hochberger	Name   Coalition of Kaiser Permanente Unions			
	Labor Organization File Number   542-572			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 312 Crosstown Drive, # 368	Street 888 16th Street, N.W., Suite 670			
City Peachtree City	City   Washington			
State   Georgia   ZIP Code + 4   30269	State District of Columbia ZIP Code + 4 20006			
5. Position in labor organization.   National Coordinator	The second secon			
	stone act total in the instructional.			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	sions set forth in the instructions);  derived income or other economic benefit of on represents or is actively seeking to represent.			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.     Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.     Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  Meeting and Conference Meals (See attached document)			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name   Kaiser Permanente	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  Meeting and Conference Meals (See attached document)			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name   Kaiser Permanente	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  Meeting and Conference Meals (See attached document for detailed list).			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name   Kaiser Permanente  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  Meeting and Conference Meals (See attached document for detailed list).			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name   Kaiser Permanente  Trade Name, if any:    P.O. Box, Bldg., Room No., if any    Street   1 Kaiser Plaza	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  Meeting and Conference Meals (See attached document for detailed list).  7.b. Amount.			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name   Kaiser Permanente    Trade Name, if any:    P.O. Box, Bldg., Room No., if any    Street   1 Kaiser Plaza    City   Oakland	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  Meeting and Conference Meals (See attached document for detailed list).  7.b. Amount.			

08/12/2005

Date

(626) 405-5003

Telephone Number

Name of Person Filing Robert Hochberger	File Number U-
B. Held an interest in or derived income or economic benefit with monetary or substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Not Applicable	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	. C. Employe.
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Not Applicable	Not Applicable
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	Not Applicable
Name Not Applicable	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer   or Consultant   ?	14.b. Amount of payment.

Name of Person Fili	ing	Robert	Hochberger

File Number U-

#### Part A Continuation Page

Form LM-30 (2003)	Add New Part A Page	3 of 3
State ZIP Code + 4		
City		
Street	;	
	7.b. Amount.	
P.O. Box, Bldg., Room No., if any		
Trade Name, if any:		[
Name		!
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.	
A. Held an interest in, engaged in transactions (including loans) of employees your organization represents or is actively seeking to	with, or derived income or other economic benefit of monetary value from an employer whose represent.	
State ZIP Code + 4		
City		
Street	!	
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Trace Italie, It ally.		
Trade Name, if any:		
Name		
employees your organization represents or is actively seeking to  6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.	
A. Held an interest in, engaged in transactions (including loans)	with, or derived income or other economic benefit of monetary value from an employer whose	
State California ZIP Code + 4 94	4612	
City Oakland	·	
	\$162	
Street 1 Kaiser Plaza	7.b. Amount.	
P.O. Box, Bldg., Room No., if any		
Trade Name, if any:	5.,	
Name Kaiser Permanente	Hotel Lodging for Meeting (1 Nights Hotel - June 29th, 2004 in Oakland, California to attend Team Leads Meeting.)	
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.	
A. Held an interest in, engaged in transactions (including loans) of employees your organization represents or is actively seeking to	with, or derived income or other economic benefit of monetary value from an employer whose o represent.	
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# 2004 Filing of LM-30

### Attachment for Section "A" - Detailed List of Meeting & Conference Meals

Name of Individual Filing: Robert A. Hochberger

Organization: Coalition of Kaiser Permanente Unions, AFL-CIO

Labor Org. File #: 542-572

<u>Date</u>	<u>Purpose</u>	<u>Location</u>		<u>Amount</u>	
1/13/2004	All OLMP Staff Meeting - Breakfast	Renaissance Park 55 Hotel - San Francisco, CA	\$	27.00	
1/13/2004	All OLMP Staff Meeting - Lunch	Renaissance Park 55 Hotel - San Francisco, CA	\$	40.00	
1/14/2004	All OLMP Staff Meeting - Breakfast	Renaissance Park 55 Hotel - San Francisco, CA	\$	32.00	
2/11/2004	Business Dinner with OLMP Staff	Michi's - Manhattan Beach, CA	\$	71.97	
6/29/2004	Team Leads Meeting	Oakland, California	\$	26.00	
12/8/2004	All OLMP Staff Meeting	Oakland, California	\$	33.00	

Total = \$229.97